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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I HEREBY CERTIFY THAT THIS PAPER OR	FEE IS BEING
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CFR 1.10 ON THE DATE INDICATED ABOV	E AND IS ADDRESSED
TO: BOX PATENT APPLICATION FEE, ASS	ISTANT COMMISSIONER
FOR PATENTS, WASHINGTON, DC 20231.	
,	
TYPED NAME Vincent Diaz	
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SIGNED YMONT MOX	

Docket No. A-68950-1/DJB/RMS/DCF Anticipated Classification of this Application: Class: Subclass: Prior Application: Examiner: _____ Art Unit: **BOX PATENT APPLICATION FEE** Assistant Commissioner for Patents Washington, DC 20231 Sir: This is a request for filing an Original The Sun Continuation Divisional

application under 37 C.F.R. 1.53(b), in the name of <u>Todd Dickinson</u>, for <u>ALTERNATIVE SUBSTRATES</u> <u>AND FORMATS FOR BEAD-BASED ARRAY OF ARRAYS™</u>. This ___ application __ continuation __ divisional <u>X</u> continuation-in-part claims priority to provisional application Serial No. <u>60/181,631</u>, filed on <u>February 10, 2000</u>.

1. (a) X Enclosed is a new application.

Continuation-in-part

- (b) _ Enclosed is a continuation-in-part application.
- (c) _ Enclosed is a copy of the prior application.
- 2. (a) _ Enclosed is a new Declaration.
 - (b) _ Enclosed is a copy of the prior executed Declaration as originally filed.
 - (c) __ Enclosed is a Combined Declaration/Power of Attorney.
 - (d) _ Enclosed is a copy of the Declaration and Power of Attorney as originally filed.
- 3. (a) __ Enclosed is a Small Entity Affidavit.
 - (b) _ Enclosed is a copy of the prior Small Entity Affidavit as originally filed.
 - (c) _ A Small Entity Affidavit is of record in the prior application.

4. The filing fee is calculated below: Claims as filed in the prior application, less any claims canceled by amendment below: OTHER THAN A (Col. 1) (Col.2)SMALL ENTITY SMALL ENTITY For: No. Filed No. Extra Rate <u>Or</u> <u>Fee</u> Rate <u>Fee</u> Basic Fee \$355.00 \$690.00 **Total Claims** __ - 20 = _0_ \$_ 0_ _ OR $_{x} $18 =$ Indep Claims _0__ - 3 = $_{-}$ x 39 = \$ 0 OR $_{x $78 =$ [] Multiple Depen Claims + \$135 = OR + \$260 =Total * If the difference in Col. 1 is less than zero, enter "0" in Col. 2. The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. _____). No check is enclosed to pay the fee. XCancel in this application original claims ____ of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.) Amend the specification by inserting before the first line the sentence: (a) <u>X</u> Informal drawings are enclosed, 16 sheets. Formal drawings are enclosed, __ sheets. (b) ____ 10. Priority of application Serial No. ___ filed on ___ in ___ is claimed under 35 U.S.C. (a) ____ 119. The certified copy has been filed in prior application Serial No. _ filed on ___. (b) ____ 11. An Assignment is enclosed. (a) Enclosed is a copy of the prior assignment as originally filed. (b) ____ 12. The prior application is assigned of record to ______. 13. X The power of attorney in the prior application is to: FLEHR HOHBACH TEST ALBRITTON & HERBERT, LLP The power appears in the original papers in the prior application.

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- (b)__ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
- (c) X Address all future communications to:

Robin M. Silva, Esq.
FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP
Suite 3400, Four Embarcadero Center
San Francisco, California 94111-4187
Telephone: (415) 781-1989

1010phone. (115) 101 1505			
14.		A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)	
15.		A Prior Art Statement is enclosed.	
16.		I hereby verify that the attached papers are a true duplicate of prior application Serial No as originally filed on	
Date:	Ash	may 12, 2001 Robin M. Silva Registration No. 38,304	
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		our Embarcadero Center Filed under Section 1.34(a) California 94111-4187	
<u>Tetephone:</u> 415-781-1989			
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